

**Washington State Department of Health  
Tobacco Disparities Advisory Committee Meeting Notes  
August 31, 2005  
10:00am-2:30pm**

Present: Kelly Bolson, Ricardo Garcia, Elaine Ishihara, Mandy Ma, Dawn Maloney, Carrie Nass, Katharine Sanders, Cheri Stoker, Elizabeth Thomas, Rudy Vasquez

Facilitator: Ira SenGupta; Recorder: Alyssa Sampson. Also present from CCHCP: Annette Anderson.

DOH staff: Mike Boysun, Dave Harrelson, Terry Reid

Agenda Item	Key Content/Discussion Points	Outcome/Action to be Taken Or Handout
<p><b>Clarify TDAC member role – DOH &amp; TDAC Members</b></p> <ul style="list-style-type: none"> <li>• DOH and member expectations</li> <li>• Establish parameters for advisory role</li> <li>• Develop agreement on group sharing of events of interest</li> </ul>	<ul style="list-style-type: none"> <li>• CCWT created the state's strategic plan to address tobacco-related health disparities. TDAC was established to advise DOH on the <u>implementation</u> of the strategies within the plan. TDAC advises DOH on the implementation of the TPCP disparities plan, which is part of the state's overall tobacco plan.</li> <li>• TPCP also convenes IAC (the Implementation Advisory Committee). This is a committee of TPCP community-based contractors. It meets quarterly and advises DOH on the implementation of any state activities that will impact local contractors (including the disparities contractors). Two disparities contractors and two tribal contractors are members on IAC.</li> <li>• Members express that all contractors, not just disparities contractors, should be addressing disparities.</li> <li>• Members sought greater clarity on their role on TDAC because they feel they haven't been asked to do anything and don't like to go to meetings where they have no role.</li> <li>• Members sought greater clarity on DOH documents including the phrase <i>culturally-sensitive policies and practices</i>.</li> <li>• The members wanted more information on the current budget for disparities efforts and what the funds are being used for.</li> <li>• One member expressed that it was difficult for new members to participate and contribute because they had not been involved in CCWT and/or were not TPCP contractors</li> <li>• Members discussed ways they would like to be kept informed between meetings and indicated they wanted more opportunities to discuss</li> </ul>	<p>DOH agreed to bring general information and options on the disparities budget, but indicated TDAC would only be asked to provide <i>high level</i>, not specific, budget recommendations</p> <p>DOH staff indicated that culturally-sensitive policies meant that the tobacco program would take steps to operate in a culturally competent way; however, this might also apply to other types of external policies, laws, etc.</p> <p>DOH staff agreed to provide orientation materials for new members to help bring them up to speed.</p> <p>DOH agreed to add TDAC members to its mailing lists</p>

	<p>topics and get briefings between meetings.</p> <ul style="list-style-type: none"> <li>Members asked for a packet about TDAC and the tobacco program, including the ground rules discussed at the first meeting. Other ideas: <ul style="list-style-type: none"> <li>CCHCP could operate a group email list</li> <li>members can inform each other as events come up</li> <li>members could bring info in handouts to meetings</li> <li>members could make announcements during TDAC meeting breaks</li> </ul> </li> </ul>	for its newsletters and disparities conference calls
<p><b>Establish guidelines for group process</b> – <i>TDAC Members</i></p> <ul style="list-style-type: none"> <li>Strategies for developing recommendations to DOH</li> <li>Identify information needed for effective participation</li> <li>Establish annual meeting calendar</li> </ul>	<ul style="list-style-type: none"> <li>Ira introduces 4 types of decision making: <i>authoritative</i> (like a judge), <i>sub-group</i> (small part of group has great influence on majority), <i>majority</i> (can leave up to half unhappy), <i>consensus</i> (everyone must agree but difficult and time consuming)</li> <li>Members preferred using a <i>majority</i> in most cases, because “TDAC doesn’t meet often enough to have time for consensus, and DOH makes the final decisions.” They were willing to use consensus in special cases. Pre-meeting discussions can also be used. DOH indicated that recommendations to them are strongest when consensus is reached.</li> <li>Members reinforced that they would like to receive the following at least 10 business days in advance of each meeting: <ul style="list-style-type: none"> <li>agenda</li> <li>handouts</li> <li>reminder emails</li> <li>materials and things requiring review.</li> </ul> </li> <li>Members suggestions for how connected people want to be between meetings/how to stay connected: <ul style="list-style-type: none"> <li>quarterly briefing between meetings</li> <li>to be able to ask questions between meetings</li> <li>Dave and Terry suggest resources on the DOH TPCP web site and the program newsletter, and mention the CCHCP case studies in the works</li> </ul> </li> </ul>	<p>Members agreed to make decisions using a simple majority, but may also use consensus in certain situations.</p> <p>Meeting calendar: first Wednesdays</p> <ul style="list-style-type: none"> <li>December 7, 2005</li> <li>March 1, 2006</li> <li>June 7, 2006</li> <li>September 6, 2006</li> <li>December 6, 2006</li> </ul>
<p><b>News from DOH</b> – <i>TMike Boysun and Terry Reid - discussion with TDAC members</i></p>	<ul style="list-style-type: none"> <li>TPCP conducted an “BRFSS oversample” in 2003 in the African American, Asian American Pacific Islander, Latino, and Native American populations. With more data available, Mike wants to create community-specific data fact sheets. He presented a “mock-up/sample” for TDAC members to review and asked the members to help him develop a process to ensure the fact sheets are set-up in a way that respects each community.</li> <li>Mike says Washington is ahead of the rest of the nation in creating these fact sheets. Mike would like to finish process by end of 2005</li> </ul>	<p>Draft fact sheet handout was emailed prior to meeting</p> <p>Process (draft) to:</p> <ul style="list-style-type: none"> <li>Mike will send out an outline to TDAC of the proposed process for their review</li> <li>fact sheets will be</li> </ul>

	<ul style="list-style-type: none"> <li>Committee members questioned who the target audience was for the fact sheets and how DOH would maintain quality control over the use of the data. Mike assured the group that he would approve all data before the fact sheets were finalized, data sources would be shown on the sheets and the sheets would only be available in PDF form so they could not be changed. DOH's logo would also be on the sheet. There would also be a disclaimer. However, DOH cannot be responsible if the data is represented is inaccurate or used inappropriately.</li> <li>There was also concern that the API community was not divided into Asian and Pacific Islanders. Also that the high tobacco use rates among diverse populations was not mentioned in the latest progress report. Mike indicated this occurred because the new data was not available at the time. Though there are still limitations on the accuracy of the data (as a phone survey, done only in English and Spanish) it's still better than has been available to date.</li> <li>State Tobacco Conference will be held Nov 3-4 at the SeaTac Marriott. TDAC members are invited to attend.</li> </ul>	<ul style="list-style-type: none"> <li>completed</li> <li>identify feedback mechanism (community advisory group of contractors)</li> <li>review process</li> <li>final draft reviewed by TDAC</li> </ul> <p>Terry distributed a calendar or upcoming Tobacco Program events and the state tobacco conference.</p>
<b>Announcements</b> <i>DOH, TDAC members</i>	Announcements <ul style="list-style-type: none"> <li>Ricardo Garcia passed out his program's Spanish anti-smoking poster</li> <li>Standard cessation benefit proposal</li> <li>Initiative 901 (bans smoking in places such as restaurants, workplaces, bars, etc.)</li> <li>Rudy announces Urban Indian Conference, September 28-29<sup>th</sup>, Seattle Indian Health Board</li> <li>Cross cultural statewide conference in Tacoma</li> <li>Health Disparities conference, September 30</li> <li>Katharine Sanders announces Washington Health Bowl</li> <li>Ira suggests a big sheet at TDAC meetings for announcements</li> </ul>	
<b>GMAP</b> <i>Terry Reid</i>	Terry Gov. Gregoire wants to increase collaboration between state agencies and make agencies more accountable to restore faith in government. She has established GMAP as a means of setting up measurable benchmarks for various agencies to track their performance. Mary Selecky will present to the Governor on DOH's proposed standards September 15 as <i>tobacco</i> and <i>immunization</i> are the first DOH programs to be measured this way.	DOH agreed to provide future updates
<b>Strategic plan review &amp; priority setting</b> <i>Dave Harrelson, TDAC members</i>	Members reviewed process for creating the disparities strategic plan, which included community-conducted qualitative assessments (SWOT and capacity) – reports on the TPCP website; identification of six critical issues	

	<p>and goals, strategies and 2-year objectives for each; Dave distributed a handout showing the original 2-year objectives and what has been accomplished.</p> <p>TDAC members were asked to focus on Goal 1 of the disparities strategic plan and suggest thoughts/activities that should be considered when creating new 2-3 year objectives. The following were suggested by the committee:</p> <ul style="list-style-type: none"> <li>• Lack of/need for sustainable funding</li> <li>• Critical analysis--Are appropriate communities being reached ( eg, there are 20+ Asian communities and you are not funding all of them)</li> <li>• How to sustain funding, how is DOH ensuring communities can sustain funding when current source is gone</li> <li>• Disseminate best practices and training</li> <li>• All contractors, not just disparities ones, should have disparities element in their work</li> <li>• Identify and learn from "evidence based" practices that have worked elsewhere</li> <li>• Increase funds available for advertising in diverse communities</li> <li>• best practices implies evaluation, and in many communities it has not been done yet.</li> <li>• Some communities have done lots of their own work</li> <li>• Need to standardize some terms so we know what each other are talking about, such as "best practices," "evidence based," "community."</li> <li>• Member asked if members can continue giving DOH our thoughts via email, as the process has gotten him excited. He has lots of ideas but wasn't sure what you wanted coming in.</li> </ul> <p>Disparities contractors explained how the five of them had worked together to participate in the Cross Cultural Leadership Institute (CCLI). This training has increased the number of community members trained to do tobacco prevention work and helped communities work together. It also led to the Coalition for Healthy Communities, an advocacy coalition that has received funding from the Robert Woods Johnson Foundation.</p> <p>DOH told the members that the program has less than minimal funding recommended by CDC for a state the size of WA and funding has not increased for several years. Additionally, the program has dedicated increased funding to disparities, secondhand smoke and cessation (due to quit line use).</p>	
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<b>Identify topics for next meeting –</b> <i>TDAC Members</i>	<ul style="list-style-type: none"> <li>• Brief report on progress of disparities contracts <ul style="list-style-type: none"> <li>○ Limited to 2 minutes</li> <li>○ How about a handout</li> <li>○ Fact based report</li> <li>○ All contractors</li> <li>○ How about a single page report from DOH? We have lot to do between now and then.</li> </ul> </li> <li>• Spend most of the time on the strategic plan</li> <li>• Fact sheets</li> <li>• Update on GMAP meeting (by email?)</li> <li>• Initiative 901</li> <li>• Standard cessation benefit proposal</li> </ul>	
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